



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

SUSSEX COUNTY (302)7396-5487

TIME: 6:10 P.M. TO 7:10 P.M.



REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf

The test will be conducted and monitored by a Registered Nurse who will be available from 6:10 p.m. to 6:25 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:25 p.m. and ends at 7:10 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. **Current Photo ID is required to attend the session.**

There is a **Non-Refundable** fee of **\$10.00 per person** payable by money order with this Registration Form. Child care centers, please list the names of staff and date of birth of those attending, to attend on a separate page. Only those individuals who are at least 18 of age, who are employed with a LICENSED FACILITY, have prepaid, and are pre-registered will be permitted to attend. Please select an alternate date for which you could attend. A new registration slip and money order is required if you fail to attend or if you reschedule your test.

SUSSEX COUNTY TESTING LOCATION →

THURMAN ADAMS JR. STATE SERVICE CENTER
546 SOUTH BEDFORD STREET
GEORGETOWN, DELAWARE 19947

Wednesday, January 20, 2016

Wednesday, March 16, 2016

Wednesday, April 20, 2016

Wednesday, May 18, 2016

Wednesday, August 17, 2016

Wednesday, September 21, 2016

Wednesday, October 26, 2016

REGISTRATION SLIP FOR NEW CASTLE COUNTY – **PLEASE PRINT LEGIBLY**

NAME: (PRINT LEGIBLY)

YOUR PHONE #:

DOB:

YOUR EMAIL ADDRESS:

STREET ADDRESS:

CITY/STATE/ZIP:

IF YOU WORK FOR A CENTER:

NAME OF CENTER:

CENTER

PHONE #:

TESTING DATE: 1ST CHOICE

2ND CHOICE

MAKE MONEY ORDERS PAYABLE TO:

STATE OF DELAWARE/DFS

➤ **NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY** ◀

**MONEY ORDER MUST BE COMPLETED IN FULL
INCOMPLETE MONEY ORDERS WILL BE RETURNED
SEE BACK OF THIS FORM FOR INSTRUCTIONS**

DETACH & MAIL REGISTRATION TO:

OFFICE OF CHILD CARE LICENSING

821 SILVER LAKE BLVD – SUITE 103

DOVER, DELAWARE 19904

\$10.00 PER PERSON

COMPLETING MONEY ORDERS – PRINT LEGIBLY!

Western Union Money Order



WESTERN UNION MONEY ORDER INTEGRATED PAYMENT SYSTEMS INC. - ISSUER Greenwood Village, Colorado

***PAY EXACTLY \$10.00 08-463922063

AGENT 209377 DATE 060206
TIME 1422 04
084639220631 LOCATION 000000

10.00

** PAY EXACTLY TEN DOLLARS AND NO CENTS *****

PAY EXACTLY
PAY TO THE ORDER OF

State of Delaware/DFS

Your address

Your Legible Signature

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc. Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

1021004001 40084639220631

United States Postal Service Money Order



UNITED STATES POSTAL SERVICE® POSTAL MONEY ORDER

Serial Number Year, Month, Day Post Office U.S. Dollars and Cents

50259780145

Pay to State of Delaware/DFS

Address 3411 Silverside Rd, Hagley Bldg
Wilmington, DE 19810

From YOUR Legible Signature

Address YOUR Street Address

Memo YOUR City/State/Zip

© 2008 United States Postal Service. All Rights Reserved. SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

000008002 50259780145

This is a US POSTAL MONEY ORDER.
You can get them ONLY FROM A US POST OFFICE.

MoneyGram Money Order



MoneyGram Money Orders INTERNATIONAL MONEY ORDER

PAY TO THE ORDER OF/ PAGAR A LA ORDEN DE

State of Delaware/DFS

YOUR Legible Signature

YOUR address

PAY ONLY THIS AMOUNT

0000000000

Payable Through: W.F. National Bank South Central Fort Worth, TX

ISSUED/GARANTIA: MONEYGRAM PAYMENT SYSTEM, INC.

NO AUTHENTICATION FOR CASH/ NO AUTENTICACION PARA EFECTIVO EN CASH